

HIRING FREEZE EXCEPTION REQUEST FORM

OFFICE OF PERSONNEL MANAGEMENT

DEPARTMENT OF FINANCE AND ADMINISTRATION

1509 WEST SEVENTH STREET * PO BOX 3278

LITTLE ROCK, AR 72203

(501) 682-1823 Telephone

(501) 682-5104 Fax

OPM 027
FOR OPM USE ONLY

Control No. _____

☐ Approved

☐ Rejected

☐ Pending

Date _____

Date of Action: _____

Department/Institution _____

Agency/Division _____

Position Title _____

Position Number _____ Class Code _____ Grade _____

Twana Porter, Administrator
Office of Personnel Management

Resubmission ☐ Yes ☐ No

(Indicate additional justification below)

Date of Original Submission

OPM Control Number (If
Available)

Job Description: *Describe in space provided below, OR note below if functional job description is attached.*

Source(s) of funding & percentage of each: _____ %STATE _____ %FEDERAL _____ %OTHER

POSITION VACATED BY: _____ On (date) _____

REASON:

Location of Position (Specific Work Unit and City)

Justification and need to fill position (*Describe in space provided below*)

Verification:

Return Address: After action is taken by the Hiring Freeze
Committee: Please return Request Form to:

I hereby certify that the above information is accurate.

Immediate Supervisor and Title Signature

Name & Title: _____

Agency Name: _____

Address: _____

City, State, Zip: _____

Department Director/President-Chancellor Signature

☐ Postal Service ☐ Messenger Service

After approval, this form must be attached to all personnel transactions.

R4/29/03